FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

GEG Mail Processing Section

FORM D

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Washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Series B Preferred Stock Financing						
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	 , , . —					
Type of Filing: New Filing Amendment	PROCESSED					
A. BASIC IDENTIFICATION DATA						
Enter the information requested about the issuer	JUN 0 3 2008					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)						
WeGame.com, Inc.	THOMSON REUTERS					
Address of Executive Offices (Number Street, City, State, Zip Code)	Telephone Number (including Area Code)					
611 Mission St., 5th Floor, San Francisco, CA 94105	(310) 926-6879					
Address of Principal Business Operations (Number Street, City, State, Zip Code)	Telephone Number (including Area Code)					
(if different from Executive Offices)						
Brief Description of Business	(184))) 22/27 (17)) 29/37 (174) (184) (184) (184) (184)					
Provider and developer of online services and applications						
Type of Business Organization	+ (AAN) 92/21 (20/2 PB)), 2/20/ (APV 40/2 JB)) 92/11 (AAV					
☐ corporation ☐ limited partnership, already formed ☐ other (pleat	se specify): 08047799					
☐ business trust ☐ limited partnership, to be formed						
Month Year						
Actual or Estimated Date of Incorporation or Organization 0 4 0 7 🖂 Actu	al Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta						
CN for Canada; FN for other foreign jurisdiction						
O. Viol. Children, 1.1. Tol. Other Tollegis jurisdiction	[D E]					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the following:			
 Each promoter of the issuer, if the issuer has been organized within t Each beneficial owner having the power to vote or dispose, or direct Each executive officer and director of corporate issuers and of corpo Each general and managing partner of partnership issuers. 	the vote or disposition of, 10% o		
Check Box(es) that Apply: Promoter Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Kim, Jared			
Business or Residence Address (Number and Street, City, State, Zip Code c/o WeGame.com, Inc., 611 Mission St., 5 th Floor, San Francisco, CA 941			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Conrad, Tony			
Business or Residence Address (Number and Street, City, State, Zip Code c/o True Ventures, 530 Lytton Ave., Suite 303, Palo Alto, CA 94301	e)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) The Hit Forge, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code 25 Stillman St., Suite 200, San Francisco, CA 94107	e)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) True Seed Ventures I, LLC			
Business or Residence Address (Number and Street, City, State, Zip Code 530 Lytton Ave., Suite 303, Palo Alto, CA 94301	e)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) True Ventures I, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code 530 Lytton Ave., Suite 303, Palo Alto, CA 94301	е)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code	e)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code			
(Use blank sheet, or copy and use add	itional conies of this sheet as n	ecessary)	

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? SAnswer also in Appendix, Column 2, if filing under ULOF. 2. What is the minimum investment that will be accepted from any individual? S N/A Yes No. 3. Does the offering permit joint ownership of a single unit? S N/A Yes No. 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. When the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City. State, Zip Code) Name of Associated Broker or Dealer States in Which Persona Listed Itas Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or c		B. INFORMATION ABOUT OFFERING						
2. What is the minimum investment that will be accepted from any individual?	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE							
3. Does the offering permit joint ownership of a single unit?	2.	• • • • • • • • • • • • • • • • • • • •						
or similar remuneration for solicitation of purchasers in connection with states of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer rejisted is an associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City , State, Zip Code) Name of Associated Broker or Dealer States in Which Persons Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) States) AL AR AZ AR CA CO CT DE DC FL GA HI ID	3.	Does the offering permit joint ownership of a single unit?		No				
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Name of Associated Broker or Dealer	Full	Name (Last name first, if individual)						
States in Which Persons Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	iness or Residence Address (Number and Street, City, State, Zip Code)						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this Offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt _____ Equity \$ 3,000,000.13 \$ 2,510,004.05 ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ 0.00 0.00 Partnership Interests \$ 0.00 0.00 Other (Specify ______).......\$ 0.00 0.00 \$ 2,510,004.05 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases 2.510.004.05 Accredited Investors..... Non-accredited Investors 0 Total (for filings under Rule 504 only)..... 6 Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Type of Offering Security Sold Rule 505 Regulation A..... Rule 504 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fee □ \$

2,510,004.05 Dollar Amount 2,510,004.05 0.00 0.00 0.00 0.00 Printing and Engraving Costs..... 0.00 Legal Fees..... \boxtimes \$ 30,000.00 Accounting Fees 0.00 Engineering Fees □ \$ 0.00 Sales Commissions (specify finders' fees separately) 0.00 Other Expenses (identify) Securities compliance 600.00 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 2,969,400.13

the box to the left of the estimate. The proceeds to the issuer set forth in response	gross proceeds to the issuer used or proposed to for any purpose is not known, furnish an estimat total of the payments listed must equal the ad to Part C - Question 4.b above.	e and check			
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Purchase, rental or leasing and installation					
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

Yes

No

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Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such

rule?

burden of establishing that these conditions have been satisfied.

	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the

Issuer (Print or Type)	Signature	Date
WeGame.com, Inc.	fred 2	May 27, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jared Kim	President	

Instruction: Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4			1	5								
	Intend to non-ac investors (Part B-	to sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State		Type of inves amount purchase		Type of investor and amount purchased in State		Type of investor and explar amount purchased in State waiver			under State ULC (if yes, attach Type of investor and explanation o			isqualification der State ULOE if yes, attach xplanation of aiver granted)
	(1 alt D-	10111)	(ran o-nem r)	Number of	(ruit C-II	Number of	<u> </u>	, ,,								
State	Yes	No	Series B Preferred Stock	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No							
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